



Tennessee Agricultural Enhancement Program

TNSource 45 *Producer Information Form*

For Fiscal Year 2012 - 2013

Verification Form for Tennessee Department of Agriculture
Approved Preconditioning Programs for Feeder Calves
(Must complete both sides of form)

TDA approved preconditioning programs require that each calf be vaccinated twice against IBR, PI-3, BVD, BRSV and clostridials (Blackleg) (7- or 8-way vaccine). Of the two sets of viral vaccines, one set must be modified live. All male calves must be castrated and healed; all horned animals must be dehorned and healed; and all animals must be treated for control of external and internal parasites. All calves are required to have been weaned for at least 45 days to qualify for this program. All calves should be well adjusted to feed bunks and water tanks.

Please place a check mark in all boxes that are correct about this group of calves and provide the date and product information:

- ☐ All male calves have been castrated and healed (if banding or clamping is used as the castrating procedure, both testicles must have been removed or rendered non-functional)
- ☐ All calves with horns have been dehorned and healed (no tipping)
- ☐ All calves have been treated for internal and external parasite

Date treated: _____

Product(s) used: _____

- ☐ All calves have been vaccinated twice against IBR, BVD, PI3 and BRSV with at least one set of modified live vaccine

First vaccination date: _____

Product used: _____

Second Vaccination Date: _____

Product used: _____

- ☐ All calves have been vaccinated twice with a 7 or 8 way clostridial (Blackleg) product
- ☐ All calves have been weaned a minimum of 45 days
- ☐ All calves are bunk broke and trained to drink from water tanks
- ☐ All calves are identified with 15 digit ISO approved ear tags
- ☐ All calves are also participating in a USDA approved age and source program

I have read and understand the requirements of the Tennessee Department of Agriculture's Value added program for beef calves and hereby verify this group of calves qualify for this program.

Owner's Signature (required)

Date

Verification Signature (required)

Date

*Can be the participating veterinarian or the marketing agent of the sale

Verification Party Information

(Please print - one must be marked and listed below to participate)

☐ Veterinarian

☐ Marketing Agent

Name: _____ Phone: _____

Association/Business: _____

Address: _____

Producer Information

(required)

Name of Producer (Seller): _____

Farm Name (if applicable): _____

Producer Address: _____

City: _____ State: _____ Zip: _____

Producer Phone #: _____ Add'l Phone #: _____

Premise Account #: _____ Premise ID #: _____

Check box that applies:

☐

Private
Treaty (PVP)

☐

Retained
Ownership (PVP)

☐

Retained
Ownership (QSA)

☐

Livestock
Market (PVP)

of head sold: _____ # of head sold pre-conditioned: _____

Date of Sale: ____/____/____ Sale Location: _____

Buyer/Feedlot Name: _____ Buyer/Feedlot Phone #: _____

Buyer/Feedlot Address: _____

City: _____ State: _____ Zip: _____

EID #'s of cattle identified as TN 45 by this form: (List or attach to this form)

Producer must attach this form along with following documentation:

- Copy of receipt for group of cattle sold or
- Copy of initial yard report for retained ownership

Please mail to following address:
Tennessee Department of Agriculture
TNSource 45
P.O. Box 40627
Nashville, TN 37204